

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 578445

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	2			1		
9	1		1			
10				1		
11				1		
12				1		
13				1		
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44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			17			